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February 13, 2013

RE: Secure Medicine Return in King County - Update

Dear Stakeholder,

Since last summer, a subcommittee of the King County Board of Health has met to explore ways to protect human health and safety by reducing the amount of unused medicines in people's homes and ensuring convenient and safe options for disposal of unused medicines. Subcommittee members include myself, Board Member Conlin, Board Member Baker, Board Member Nicola and Director and Health Officer of Public Health David Fleming.

The work of the subcommittee has had two phases: (1) hearing from interested stakeholders, and (2) policy discussion and decisions. The initial policy concepts have been developed, and staff has begun drafting a Rule and Regulation outlining an industry-funded product stewardship model for drug take-back in King County. This model would require drug producers to fund and operate the drug take-back system, working with other stakeholders such as pharmacies and law enforcement. King County government's role is to oversee the take-back system to ensure its safety and effectiveness.

The subcommittee expects to bring an initial draft for consideration by the full Board of Health with a public hearing in the coming months. Watch for updates on the schedule and process by visiting our webpage at:

<http://www.kingcounty.gov/healthservices/health/BOH/MedicineTakeback.aspx>

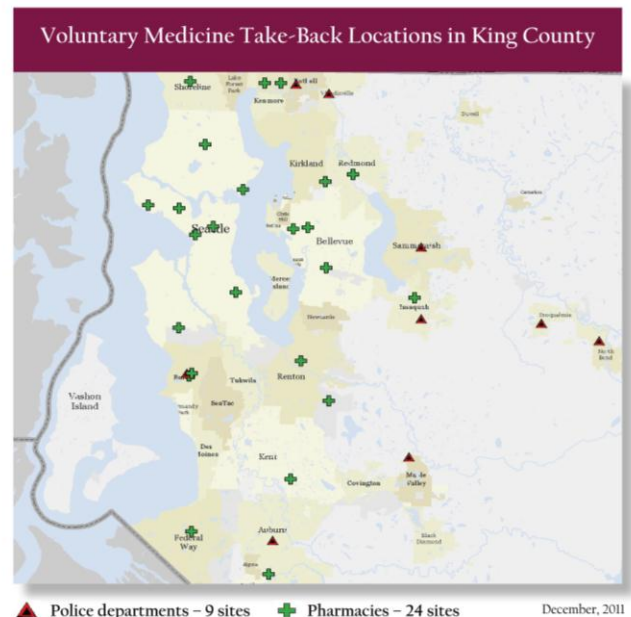
Sincerely,



Joe McDermott
Chair, King County Board of Health
King County Councilmember

Voluntary Medicine Take-Back Programs in King County

Group Health offers medicine take-back at 12 clinical pharmacies (25 locations statewide) and Bartell Drugs is able to offer medicine take-back at 12 of its 43 retail pharmacies. Currently, 9 city police stations maintain ongoing medication collection sites, and 25 law enforcement agencies, including the King County Sheriff and Port of Seattle Police, have participated in semi-annual Drug Enforcement Administration (DEA)-coordinated take-back events since 2010. In King County, the Household Hazardous Waste Phone Line has experienced a 300% increase in resident inquiries since 2009 about where to take-back left-over or expired medicines.



Barriers to Additional Medicine Take-Back Programs & a Comprehensive Take-Back System in King County

1. **Convenience and Access.** The voluntary medicine take-back sites are too limited in number and geographic distribution to meet the needs of the county's residents. There are no ongoing collection sites for narcotics and other controlled substances in the county's largest cities. Access to the existing voluntary take-back sites is particularly limited for county residents with limited mobility or access to transportation, such as seniors or disabled residents.
2. **Financing.** A dedicated and adequate source of funding is a key barrier to providing a comprehensive take-back system. Over-stretched local law enforcement and local government budgets cannot absorb the costs of providing a take-back system, leaving most of our communities without secure and environmentally sound options for disposal of leftover medicines. Existing voluntary programs lack funds for adequate education and promotion to increase effectiveness.
3. **Challenges in Collection of Controlled Substances.** About 11% of prescription drugs dispensed are legally prescribed controlled substances, such as OxyContin, Vicodin, and Ritalin. The U.S. DEA regulations that currently prevent collection of controlled substances by anyone other than law enforcement are being changed to authorize collection of controlled drugs by medicine take-back programs. The draft regulations are anticipated in late 2012. While working on rule-making since fall 2010, the DEA has coordinated semi-annual National Prescription Drug Take-Back Days, which rely on local law enforcement participation and resources. The DEA plans to stop coordinating these take-back days once the new regulations for collection of controlled drugs are finalized.
4. **Lack of an Efficient System.** Without a countywide system, each law enforcement unit, municipality, or pharmacy has developed and implemented their medicine take-back program independently. LHWMP has provided technical assistance and some limited resources, but take-back sites lack coordination and any efficiency of scale for transportation, disposal or program promotion. Anecdotally, community partners and take-back locations report that residents are frustrated when they look for, or hear about, medicine take-back programs, then discover there is no convenient collection site in their neighborhood.